

MARYLAND BOARD OF PHYSICIANS VOLUNTEER CORPS CONTACT INFORMATION

(Please Print Clearly)

Yes, I am willing to volunteer my time to provide medical care in an emergency situation.

****Please note that this information you are providing is confidential and will be available only to people authorized to access data through this program.****

NAME	LICENSE NUMBER	SPECIALTY/PRACTICE AREA

HOME ADDRESS: _____

CITY, STATE, ZIP: _____

HOME COUNTY: _____

NAME OF PRACTICE: _____

WORK ADDRESS: _____

CITY, STATE ZIP: _____

WORK COUNTY: _____

HOME PHONE:	CELL PHONE:	WORK PHONE:
HOME FAX:	PAGER:	WORK FAX:
	PIN:	
ALTERNATE PHONE:		

HOME EMAIL ADDRESS	WORK EMAIL ADDRESS

**PLEASE PROVIDE THE NUMBER(S) THAT SHOULD BE USED IN THE EVENT OF AN
ACTUAL EMERGENCY:**

DAYTIME PHONE: _____ NIGHTTIME PHONE: _____

☐ ***Check here if you are willing to serve in any area.***

If you are not willing to serve in any area, please list the counties in which you would prefer to volunteer:

Tell us about any particular training and/or experience you have regarding any of the specific agents:

_____ Chemical _____ Biological _____ Radiological _____ Nuclear

—OVER—

Please circle any disease(s) you have worked with or have any specialized knowledge of:

MENINGITIS

TUBERCULOSIS

SMALL POX

ANTHRAX

HEPATITIS

WEST NILE

MALARIA

LYME

AVIAN INFLUENZA

LIST ANY OTHER DISEASES:

List any Language Skills, including American Sign Language, and proficiency:

_____: SPEAK ? READ ? WRITE ?

_____: SPEAK ? READ ? WRITE ?

_____: SPEAK ? READ ? WRITE ?

Would you be willing to become a volunteer trainer? YES ? NEVER ? MAYBE ?

How did you learn about the Maryland Board of Physicians Volunteer Corps?

Are you committed to any other volunteer organizations in the event of a disaster? YES ? NO ?

If so, please list: _____

If feasible, would you be willing to travel overseas to volunteer in the event of a disaster? YES ? NO ?

Authorization Statement:

I, (print name) _____ authorize this information to be submitted to the Maryland DHMH Disaster Response Volunteer Database and be made available for volunteer disaster response activity at state and local levels.

(Signature and Date)

Please Return to:

Maryland Board of Physicians
Attn: Emergency Preparedness
4201 Patterson Ave.
Baltimore, MD 21215

Fax: (410) 358-2252

E-mail: jzucco@dhmh.state.md.us